

**USDA-OIG
EMPLOYEE HEALTH CARE PROVIDER
INFORMATION**



The Administrative Resource Center (ARC) has been contracted to assist USDA-OIG with the management of their workers' compensation program. A USDA-OIG employee has decided to initiate a claim through the Federal Employees' Compensation Act (FECA), which is administered by the Office of Workers' Compensation Programs (OWCP), Department of Labor (DOL). This information is being provided to the employee to assist him/her and your staff through the FECA claim and billing process.

NOTE: Per 20 C.F.R. 10.506, we will put all requests for medical information in writing, and will submit copies of the information to both OWCP and the employee.

- **Attached is an Attending Physician's Report, (Form CA-20), for your office to complete and return to the employee. (Up to six ICD-9 codes can be included on this form.)**
- **Also attached are the statutory requirements for medical reports.**

The employee is obligated to return to work as soon as medically feasible. It is USDA-OIG's policy that employees and management personnel work together to develop work assignments that enable employees with temporary restrictions or disabilities related to on-the job injuries or illnesses to return to work.

- **The employee should provide you with a Duty Status Report (CA-17) and a position description to assist in the return to work process. Please indicate what functions the employee can perform, if they are unable to return to full duty.**

If you are not currently enrolled as a provider, you must register as a DOL provider.

- **Without a DOL provider number, you will not be paid for your services through OWCP.**

Registration can be done through on-line registration at the following site: <https://owcp.dol.acs-inc.com/portal/main.do>. This site can also be accessed to check service eligibility, medical treatment authorization (form attached), and bill payment status. Electronic submittal of medical bills is also available. Specific provider enrollment questions should be directed to:

**ACS, Enrollment Unit
PO Box 14600
Tallahassee, FL 32317-4600
1-866-335-8319**

Once an initial determination has been made concerning whether the employee's claim has been accepted or denied, the employee will provide you with a claim number.

Should you wish to forward hard copies of all medical bills, please send them directly to the following address with the employee's claim number on each page of the documentation submitted:

**US Department of Labor
PO Box 8300
London, KY 40742-8300**

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**CODE OF FEDERAL REGULATIONS
TITLE 20, VOLUME 1
Revised as of April 1, 2004
(Cite 20 CFR 10.330)**

Sec. 10.330 WHAT ARE THE REQUIREMENTS FOR MEDICAL REPORTS:

In all cases reported to OWCP, a medical report from the attending physician is required. This report should include:

- a) Dates of examination and treatment;
- b) History given by the employee;
- c) Physical findings;
- d) Results of diagnostic tests;
- e) Diagnosis;
- f) Course of treatment;
- g) A description of any other conditions found but not due to the claimed injury;
- h) The treatment given or recommended for the claimed injury;
- i) The physician's opinion, with medical reasons, as to causal relationship between the diagnosed condition(s) and the factors or conditions of the employment;
- j) The extent of disability affecting the employee's ability to work due to the injury;
- k) The prognosis for recovery; and
- l) All other material findings.